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CONFIRMATION NO. 2401

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/565,544	<b>FILING OR 371(c) DATE</b> 01/23/2006 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 55807103101
<b>APPLICANTS</b> Thomas W. Harold, Chanhassen, MN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/03695 02/07/2005 which claims benefit of 60/542,724 02/06/2004 and claims benefit of 60/542,443 02/06/2004 * and claims benefit of 60/542,768 02/06/2004 * and claims benefit of 60/542,442 02/06/2004 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/21/2006				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 27
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 5909				
<b>TITLE</b> TREATMENT OF VISION DISORDERS USING ELECTRICAL, LIGHT, AND/OR SOUND ENERGY				
<b>FILING FEE RECEIVED</b> 575	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	